



Vapor Ministries Trip Application Form

Name/date of Vapor trip you are applying for _____

Applicant Information

Legal Name (as it appears on passport) _____

Name you prefer to be called _____

Date of birth _____ Gender (please circle) **Male** **Female**

Street address _____

City _____ State _____ ZIP _____

Phone number(s) _____

E-mail address(es) _____

Favorite candy (please circle)
Hershey's Bar Skittles Trail Mix Reese's Cups Starburst Gum None

T-shirt size (please circle) Adult: **S** **M** **L** **XL** **XXL**
Youth: **S** **M** **L**

Passport number _____

Passport issue date _____

Passport expiration date _____

***Your passport must be valid for at least 6 months after the date of travel.

Personal History

Are you a U.S. citizen? (please circle) **Yes** **No**

Have you been charged or convicted of a crime? (please circle) **Yes** **No**

If yes, please explain: _____

Have you been charged with sexual abuse? (please circle) **Yes** **No**

If yes, please explain: _____



Personal and Spiritual information

I am currently: (please circle)

Single

Married

Divorced

Widowed

What is your occupation (if working) or grade level (if still in school)? _____

How are you familiar with Vapor Ministries?

Why do you want to be part of this particular Vapor Ministries trip? _____

What mission trip experience have you had in the past, if any? _____

Please list two interesting things about you that most people do not know.

1)

2)

Church you attend _____

Church phone number _____ Denomination _____

Please describe the ways you are involved with your local church.

Please write a brief testimony describing how you became a Christian and about your spiritual journey since then.



Medical Information

Please check all that apply.

I do not have any medical problems that could cause difficulty on this trip.

I have a medical condition(s) that might cause difficulty on this trip.

If so, please describe: _____

I have allergies.

If so, please describe: _____

Travel Information

**ALL TEAM MEMBERS ARE RESPONSIBLE FOR ORGANIZING THEIR TRANSPORTATION TO VAPOR HEADQUARTERS BEFORE THE TRIP BEGINS.

I will be (please circle answer) **driving** **flying** **other** to Vapor's headquarters.

If flying, what airport will you be departing from? _____

If other, please explain: _____

References

Please list one personal and one pastoral reference (not including family members).

1) PERSONAL reference name _____

Relationship _____ Phone number _____

E-mail address _____ Years known _____

2) PASTORAL reference name _____

Title/Position _____ Phone number _____

E-mail address _____ Years known _____



Vapor Ministries Trip Financial Policies

- 1) Deposit fees are non-refundable. Deposit fees differ from trip to trip, depending on destination.
- 2) Vapor has the option to release reserved spaces if deposits are not paid or if paperwork is not submitted by your trip due dates/deadlines.
- 3) All contributions/payments received in excess of trip fees will be used in support of the mission and cannot be refunded or used to reimburse expenses for the group/individual(s) participating.
- 4) Participants may not be allowed to attend the trip if there is an outstanding balance due.
- 5) Vapor International is a 501(c)3, not-for-profit organization.

Please sign below to acknowledge that you have read and understand Vapor's trip financial policies, and that you agree to adhere.

Signature _____ Date _____

Printed name _____



Talent Release Consent Form

All adults must complete this form. All minors must have their parents and/or guardians complete this form.

Vapor Ministries uses photographs, videos and testimonials taken/recorded on Vapor Ministries' trips for various media, promotional or marketing materials. We ask for your permission to allow the use of those photographs, videos and/or testimonials in print or online publications that promote Vapor Ministries or Vapor Ministries' trips, according to Vapor Ministries' discretion.

Please sign below that you have read, understand and agree to the following:

I hereby consent for Vapor Ministries to use, reproduce, exhibit or distribute (in full or in part) any photographic, video, film and/or audio recordings made of me (or my child) or my (my child's) likeness, or taken by me (or my child); and/or any written extract of such recordings in which I (my child) may be included, for any purpose whatsoever, in any medium now known or in the future invented.

I hereby release, discharge, and agree to hold harmless Vapor Ministries and all persons acting under its permission or authority from any liability or injury that may occur while performing in, appearing in, or providing said video, audio or photographic production.

Talent (trip participant) signature _____ Date _____

Talent (trip participant) printed name _____

**PARENTS/GUARDIANS MUST SIGN IF APPLICANT IS UNDER 18 YEARS OLD:

Legal guardian signature _____ Date _____

Legal guardian printed name _____



Emergency Contact Information

Name _____ Relationship to you _____

Street address _____

City _____ State _____ ZIP _____

Phone number(s) _____

E-mail address(es) _____

Personal Medications

If you are currently taking prescription or over-the-counter medications, please describe in detail (name of drug and daily dosage): _____

Tetanus (DPT) Vaccine

I received my latest tetanus shot on: _____ / _____ / _____
(Month) (Day) (Year)

Insurance Information

Primary Insurance

Company Name _____

Phone Number _____

Policy Number _____

Group Number _____

Name of family doctor/practice _____

Phone Number _____

Secondary Insurance (if applicable)

Company Name _____

Phone Number _____

Policy Number _____

Group Number _____

Name of family doctor/practice _____

Phone Number _____



Vaccination Information

Vapor Ministries does not require trip participants to receive certain vaccinations in order to participate on Vapor trips, and Vapor Ministries cannot legally make personal recommendations for trip participants.

Vapor Ministries does, however, recommend that each participant visit the Center for Disease Control and Prevention's website (<http://wwwnc.cdc.gov/travel/destinations/list.htm>) to learn about which vaccines are recommended for travelers who visit the specific country (or countries) you will be visiting on your Vapor Ministries' trip, and that you also discuss the best options for you (personally) with your family doctor or a travel doctor. Please check the appropriate box(es) on this form.

I have chosen to not receive any vaccinations.

If you have received vaccinations, it is important and necessary for Vapor Ministries to know which ones. In the list below, please check all vaccinations that you've had and record the date on which you received them.

	Month	Day	Year
<input type="checkbox"/> Hepatitis A	_____	_____,	_____
<input type="checkbox"/> Hepatitis B	_____	_____,	_____
<input type="checkbox"/> Typhoid	_____	_____,	_____
<input type="checkbox"/> Yellow Fever	_____	_____,	_____
<small>**Please note that a current Yellow Fever vaccine may be required to obtain entry visas for certain countries. Vapor Ministries' trips coordinator will notify you if this is the case for the Vapor trip in which you are attending.</small>			
<input type="checkbox"/> Meningococcal (Meningitis)	_____	_____,	_____
<input type="checkbox"/> Rabies	_____	_____,	_____
<input type="checkbox"/> Measles/Mumps/Rubella (MMR)	_____	_____,	_____
<input type="checkbox"/> Poliovirus	_____	_____,	_____
<input type="checkbox"/> Other (_____)	_____	_____,	_____

Preventative Medication Information

If you choose to take any medications to prevent illnesses while traveling (in addition to any routine medications you normally take) during this Vapor Ministries trip (i.e. antidiarrheal or antimalarial drugs), please record them in detail below. Please note that your routine medications should be listed on page 4 of this packet in the appropriate blanks.



Medical Emergency Treatment Release Form

**PLEASE COMPLETE THIS SECTION IF YOU ARE 18 YEARS OF AGE OR OLDER.

Authorization of Consent to Treatment: I _____, do hereby authorize Vapor Ministries' leaders as agent(s) for the undersigned to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of, any physician and surgeon licensed under the provision of the Medical Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or at a hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

Vapor Ministries' leaders, servants, staff, and board of directors will not be responsible for immunizations, injuries, and or other incidents that may happen while on a trip or traveling. Individuals traveling internationally can check with the CDC website for immunization(s) recommendations.

This authorization shall remain effective for one full calendar year starting upon signature date, unless sooner revoked in writing delivered to said agent(s).

Release of Vapor Ministries:

_____ shall indemnify, hold free and harmless, assume liability for, and defend Vapor Ministries, its agents, servants, staff, and board of directors from death, personal injury, illness, and unexpected expenses, which Vapor Ministries, assertion of liability, or any claim or action founded thereon, arising or alleged to have arisen out of my mission trip travel associated with Vapor International and its agents, servants, employees, officers, and directors.

Signature _____ Date _____

Printed name _____



Medical Emergency Treatment Release Form - For Minors Only

****TO BE FILLED OUT BY PARENTS IF APPLICANT IS UNDER 18 YEARS OLD.** All minors must have their parents and/or guardians complete this form.

****ATTENTION PARENTS/GUARDIANS:** Please read this form carefully, then sign and date. This form must be signed by both parents/guardians. This includes separated or divorced parents/guardians.

In the event of an emergency requiring medical treatment, I give permission for the leaders of this trip to administer needed treatment as deemed necessary. The doctor or hospital has my permission to treat _____ (child's name) as deemed necessary.

Parent/Guardian signature _____ Date _____

Parent/Guardian signature _____ Date _____

Yes, I agree that my child can go with VAPOR MINISTRIES on the international vision trip. In consideration of VAPOR organizing, arranging and permitting me to participate in this trip. I hereby waive all rights which I may now have or which may accrue to me in the future against VAPOR, its respective directors, officers, employees, and members (collectively the VAPOR representatives), and I hereby release and discharge VAPOR and any VAPOR representatives harmless from and against all liability for any and all actions, damages, causes of action, suits, costs, losses, expenses, claims, demands, damages and judgments (collectively the "Losses and Claims"), which I, my spouse, family members, children, invitees, heirs, executors, administrators, successors and assignees ever had, now have or hereafter can, shall or may have resulting from or arising in connection with my travel to, attendance at or participation in VAPOR trips.

I acknowledge that certain legal rights against VAPOR or VAPOR REPRESENTATIVES may be available to me now or in the future as a result of any Losses and Claims, and that by executing this waiver and release liability, my spouse and I are forever relinquishing those rights against VAPOR or VAPOR REPRESENTATIVES. I acknowledge that no promises, representation, or affirmations or facts were made to me by VAPOR or VAPOR REPRESENTATIVES concerning the safety of this trip, the security precautions taken in sponsoring the trip, the relative safety or danger associate with traveling, participation in any activity associate with or connected in any way to the trip and affirm that I have read and understand the foregoing provisions of this waiver and release of liability as a condition to my child's attendance on this trip.

Parent/Guardian signature _____ Date _____

Street address _____ City _____ State _____ ZIP _____

Phone number(s) _____ E-mail Address(es) _____

Parent/Guardian signature _____ Date _____

Street address _____ City _____ State _____ ZIP _____

Phone number(s) _____ E-mail Address(es) _____